

RMK INSURANCE CONSULTANTS LIMITED
Block of Flats

Proposer's Details

Policyholders Name:			
Company Name:			
Correspondence Address:			
	Postcode:		
Telephone No:		Email Address	
Mobile No:			

Premises to be Insured

Address of Premises to be Insured:			
	Postcode:		

Occupancy Details

Are the premises entirely used for residential purposes (eg no shops or offices)	Yes / No	
Are any of the tenants	DSS Benefit Recipient(s)	Yes / No
	Asylum Seeker	Yes / No
	Student(s)	Yes / No
% of Property Unoccupied?	%	

Insurance Information

Name of Current Insurer if known:	
Current premium:	

Buildings Cover Required

SUM INSURED The Sum Insured should be based upon the rebuilding costs of the buildings including any attached buildings, walls, fences, gates, landlords fixtures & fittings, underground pipes and cables	£
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Property Owners Liability - (Optional Cover, leave blank if not required)

PROPERTY OWNERS LIABILITY LIMIT REQUIRED			
£ 1,000,000		£ 2,000,000	£ 5,000,000

Landlords Contents Cover - (Optional Cover, leave blank if not required)

SUM INSURED The Contents Sum Insured should represent the full replacement value of contents within common parts e.g. carpets	£
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Construction Details

a) Year Built or Approximate Age		b) Number of Storeys?	
c) Is the property listed?	Yes/ No	If Yes, specify Grade	d) In a Conservation Area?
e) Is the property standard construction? (i.e. built of brick, stone or concrete with a tile or slate roof)	Yes / No		Yes / No
f) Is the property in a good state of repair and will it continue to be so maintained?	Yes / No		Yes / No
Note: If you have answered 'No' to either answers e) or f) above, please provide further details below			
g) Is there a sprinkler system installed?	Yes / No	If 'Yes' is the system LPCB approved?	Yes / No
h) Please confirm Floor Type?	Wood		Yes / No

	Concrete	Yes / No
	Both Wood and Concrete	Yes / No
i) Does the property, or any part of it have a Flat Roof?		Yes / No
If 'Yes' please specify:	What percentage of the roof is flat	%
	Timber Construction	Yes / No
	Concrete Construction	Yes / No
	Other (please specify type in the space below)	Yes / No

Claims Information

Please provide details of any claims made in the last 5 years.		
Date	Description	Cost

When completed please forward to –

enquiries@rmkltd.co.uk

fax 01702 555528

post – RMK Insurance Consultants Ltd

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Hadleigh

Essex SS7 2BT